

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

15381

85

1. PLACE OF DEATH

County Dickinson Registration District No. 1001
Township St. Joseph Primary Registration District No. 1001
City St. Joseph (No. 3023 Edmond St.)

File No. 506
Registered No. 506
St. St. Joseph Ward 2

2. FULL NAME

Charles Lewis Head

(a) Residence, No. 3023 Edmond Ward 2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alvina Head</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1921-1857</u>		
7. AGE	YEARS <u>74</u>	MONTHS <u>7</u>
	DAYS <u>19</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Shoe Factory</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laundry Man</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Oct. 1929</u>	11. Total time (years) spent in this occupation <u>30</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>		
FATHER	13. NAME <u>John C. Head</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>	
MOTHER	15. MAIDEN NAME <u>Anna Kowles</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown New York</u>	
17. INFORMANT (ADDRESS) <u>Alvina Head 3023 Edmond</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Ashland</u> DATE <u>7/24</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Stuyvesant-Blaney 216 So 10th</u>		
20. FILED <u>5-23-32</u> 19 <u>32</u> <u>Amil Bender</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 21 1932

I HEREBY CERTIFY, That I attended deceased from

Jan 1 - 1932, to May 20, 1931

I last saw him alive on May 20, 1932 Death is said to have occurred on the date stated above, at 11:40 m.

The principal cause of death and related causes of importance were as follows:

Ischemic Heart Disease SIA
Deleterious ascending paralysis
Arteriosclerosis
Reflex Epilepsy
Date of onset Jan 1-32

Name of operation Chol Date of 1932

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____ Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____ (Signed) M. D. [Signature], M. D.

(Address) St. Joseph Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 21 1932

WRITE PLAINLY. WITH UNFADING INK--THIS IS A PERMANENT RECORD

